

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10705505

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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48						
49						
50						
TOTAL DND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	12					

	DND	DEP	DND	DEP	DND	DEP
51						
52						
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TOTAL DND.						
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TOTAL CLAIMS						